

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
24 November 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE December 22, 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22C
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 22C

A. NOTICE. This position is set aside for individual Dental Hygienists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. DENTAL HYGIENIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a Dental Hygienist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2), competitively win this contract award (see paragraphs D and E).

Services shall be provided at Naval Dental School, National Naval Dental Center, Bethesda, MD.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0600 and 1800. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a dental hygienist.

You shall accrue 8 hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences, at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commander, National Naval Dental Center, Bethesda, MD, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Dental Center and Clinic guidelines and reporting requirements.

1. ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

1.1. Direct supporting Government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. The health care worker shall perform administrative duties which include maintaining statistical records of his or her clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

1.2. Become familiar with and follow standardized (Navy) concepts of Phased Dentistry and Managed Care.

1.3. Maintain continuing education throughout the term of the contract.

1.4. Be officially evaluated at least semi-annually on performance and adherence to requirements of this contract.

1.5. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.6. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to audiology services.

1.7. Attend annual renewal of the following Annual Training Requirements provided by the DTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

1.8. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) certification.

1.9. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.10. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.11. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. SPECIFIC DUTIES/RESPONSIBILITIES OF DENTAL HYGIENISTS ARE AS FOLLOWS:

2.1. Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments scheduled through the DTF's central appointment system. Secondary workload is a result of consultation requests submitted to the specialty clinic by staff dentists. The contractor is responsible for delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers who have been referred for consultation and treatment.

2.2. The work environment involves risks typically associated with the performance of clinical oral procedures. You may be exposed to contagious disease, infections and flying dental debris requiring the wearing of protection such as sterile gloves, masks and eyeglasses.

2.3. You shall perform a full range of dental hygienist procedures, within the scope of this statement of work, on site using Government furnished facilities, supplies, and equipment. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical activity will be a function of the overall demand for hygienist services. Your productivity is expected to be comparable to that of other dental hygienists assigned to the same facility and authorized the same scope of practice. You shall:

2.3.1. Review and complete preliminary dental examinations for new periodontal and recall patients. Oversee and manage periodontal patient recall programs.

2.3.2. Review patient's medical and dental history for evidence of past and present conditions such as medical illnesses and use of drugs which may complicate or modify dental hygiene treatment.

2.3.3. Examine teeth and surrounding tissues for evidence of caries, periodontal disease and then record findings.

2.3.4. Inspect head and neck, examine mouth, throat and pharynx for evidence of disease such as oral cancer and/or soft tissue pathosis.

2.3.5. Expose, develop and interpret radiographs to identify tooth structure, periodontal support and other abnormalities such as periodontal bone loss, periapical pathosis, caries, defective restorations, improper tooth contours and contact relationships.

2.3.6. Refer suspected medical conditions, hard and soft tissue abnormalities, caries, periapical and periodontal pathosis and traumatic or suspicious lesions to the dental officer for evaluation.

2.3.7. Perform pit and fissure sealant applications.

2.3.8. Develop dental hygiene treatment plans for patients including assessment of the problem, type and extent of treatment required and sequence of appointments to complete treatments.

2.3.9. Obtain blood pressure on patients presenting for treatment.

2.3.10. Perform complete oral prophylaxis and non-surgical periodontal treatment on ambulatory patients using ultrasonic and hand instruments.

2.3.11. Perform subgingival scaling, root planing and curettage under local anesthesia administered by a dental officer and perform topical fluoride applications.

2.3.12. RESERVED

2.3.13. Polish teeth and apply disclosing solutions, fluorides, desensitizing agents and other topical medications to the teeth for the purpose of controlling caries and dentinal hypersensitivity.

2.3.14. Maintain patient records in accordance with JCAHO and DTF requirements.

2.3.15. Comply with applicable quality assurance standards for preventive dentistry.

2.3.16. Instruct patients, individually and in group seminars, in proper oral hygiene using a variety of aids such as models of teeth, slides, toothbrushes, floss, disclosing tablets, mirrors, interproximal brushes and rubber tips.

2.3.17. Plan and adapt oral home care techniques to the specific need of the individual patient.

2.3.18. Explain causes of caries and periodontal disease to patients and the importance of nutrition in maintaining dental and systemic health.

2.3.19. Monitor, supervise and assist in training dental technicians involved in direct patient care to perform scaling, prophylaxes, polishing procedures, fluoride applications and oral home care instructions. This may include preparing and presenting scheduled lectures to staff.

2.3.20. Maintain a record of patient treatment and number of patients treated.

2.3.21. Record oral condition of teeth and supporting tissues, type of therapy provided and progress notes.

2.3.22. Clean and maintain instruments and insure their sterility.

2.3.23. Treat acute necrotizing ulcerative gingivitis.

2.3.24. Assist in Oral Diagnosis Sick call to include exposing and developing periapical, bitewing and panoramic radiographs.

2.3.25. Provide oral prophylaxis, preventive dentistry procedures and non-surgical periodontal therapy to active duty military personnel and eligible beneficiaries.

2.3.26. Clean and maintain your work area to meet the clinic's standards, and may be assigned other duties as directed by the Commanding Officer, consistent with the normal duties of a dental hygienist.

2.3.27. As a member of a professionally diverse team, you shall contribute in a positive manner to team building and morale.

2.3.28. May be assigned other duties consistent with the normal duties of a dental hygienist as directed by the Commanding Officer to include, but not limited to, participating in command quality improvement and assurance meetings, etc.

2.3.29. Administration of local anesthesia (infiltration and block anesthesia) is not a required qualification; however, if the appropriate background training and credentials exist, clinical privileges may be granted.

3. CREDENTIALS. Upon award, you shall complete an IPF prior to performance of services. Completed IPFs must be forwarded 30 days prior to performance of duties to the Professional Affairs Department. The IPF will be maintained at the MTF, and contains specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in Appendix (s) of BUMEDINST 6320.66D, subsequent revisions, and higher directives. A copy of this instruction may be obtained from the Professional Affairs office.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Have a degree or certificate in dental hygiene from a school of dental hygiene approved by the Council on Dental Education of the American Dental Association (ADA).
2. Hold a current, unrestricted license to practice dental hygiene in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
3. Either (a), successfully complete at least 12 classroom hours of continuing dental hygiene education within the preceding 18 months which maintain skills and knowledge in dental hygiene and preventive dentistry, or (b) graduate from an ADA approved dental hygiene program within the preceding 12 months.
4. Have experience as a Dental Hygienist of at least 12 months within the preceding 24 months, unless a recent graduate per item D.3., above.
5. Be eligible for U.S. employment. Provide copies of supporting documentation per Attachment 3.
6. Provide three letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide letters of recommendation from faculty where dental hygiene training was received per item D.3., above.).
7. Represent an acceptable malpractice risk to the Navy.
8. Submit a fair and reasonable price as determined by the Government prior to contract award.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following enhancing criteria, listed in descending order of importance:

1. Experience and training as it relates to the duties contained herein; then,
2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Total Continuing Education hours, then,
4. Infiltration Anesthesia certification. Provide proof and expiration date. then,
5. Additional Dental/Medical certifications, then,
6. American Heart Association CPR Health Care Provider Course Certification, then
7. Prior military experience in a Dental/medical field (provide Form DD214).

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Dental Hygienist" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.6., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Dental Hygienist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for 621210.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to: E-Mail: Acquisitions@nmlc.med.navy.mil (NOTE: Reference code 22C in the Subject Line) or Telephone (301) 619-6021.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the application. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII of the Personal Qualifications Sheet.

3. All of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Naval Dental Center Release of Information, Personal and Professional Information Sheet, all dental licenses held within the preceding 10 years, copy of BLS -C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)
(Signature) (Date)

Personal Qualifications Sheet - Dental Hygienists

I. General Information

Name: _____ SSN: _____

Last	First	Middle
------	-------	--------

Address:

Phone: ()

II. Professional Education:

Degree or Certificate in Dental Hygiene from: _____
(Name of ADA accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure/Certification, Dental Hygiene (License/Certification must be current, valid, and unrestricted):

_____ (mm/dd/yy)

State	Date of Expiration
Alabama	12/31/2025
Alaska	12/31/2025
Arizona	12/31/2025
Arkansas	12/31/2025
California	12/31/2025
Colorado	12/31/2025
Connecticut	12/31/2025
Delaware	12/31/2025
Florida	12/31/2025
Georgia	12/31/2025
Hawaii	12/31/2025
Idaho	12/31/2025
Illinois	12/31/2025
Indiana	12/31/2025
Iowa	12/31/2025
Kansas	12/31/2025
Kentucky	12/31/2025
Louisiana	12/31/2025
Maine	12/31/2025
Maryland	12/31/2025
Massachusetts	12/31/2025
Michigan	12/31/2025
Minnesota	12/31/2025
Mississippi	12/31/2025
Missouri	12/31/2025
Montana	12/31/2025
Nebraska	12/31/2025
Nevada	12/31/2025
New Hampshire	12/31/2025
New Jersey	12/31/2025
New Mexico	12/31/2025
New York	12/31/2025
North Carolina	12/31/2025
North Dakota	12/31/2025
Ohio	12/31/2025
Oklahoma	12/31/2025
Oregon	12/31/2025
Pennsylvania	12/31/2025
Rhode Island	12/31/2025
South Carolina	12/31/2025
South Dakota	12/31/2025
Tennessee	12/31/2025
Texas	12/31/2025
Utah	12/31/2025
Vermont	12/31/2025
Virginia	12/31/2025
Washington	12/31/2025
West Virginia	12/31/2025
Wisconsin	12/31/2025
Wyoming	12/31/2025

IV. Continuing Education:

Title of Course

Course Dates

CE Hrs

V. American Heart Association Basic Life Support (BLS) for Healthcare Providers, American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent:

Training Type listed on Card:

Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years unless a shorter time is specified in Section D of the Solicitation. Experience must total at least 12 months, within the preceding 24 months, unless the candidate graduated within the preceding 12 months. Provide dates as month/year.

Name and Address of Present Employer

From

To

(1) _____

Work Performed:

VI. Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract where is your current contract and what is the position?

VII. Employment Eligibility (Please provide copies of supporting documentation.):

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment	_____	_____
Eligibility contained in Attachment 3?		

VIII. Professional References:

Provide three letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide letters of recommendation from faculty where dental hygiene training was received.

IX. Military Experience

Prior Military experience in a medical field may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

X. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XI. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 02 February 2004 through 30 September 2004. Five option periods will be included which will extend services through 01 February 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Hygienists in the Bethesda, MD area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Dental Hygienist for the Naval Dental School, Bethesda, MD in accordance with this application and the resulting contract.				
0001AA	Base Period; 02 Feb 04 thru 30 Sep 04	1392	Hour	_____	_____
0001AB	Option Period I; 01 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 01 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period III; 01 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AE	Option Period IV; 01 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AF	Option Period V; 01 Oct 08 thru 01 Feb 09	704	Hour	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001 \$ _____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

LISTS OF ACCEPTABLE DOCUMENTS**SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax **"THIS COMPLETED CONFIRMATION SHEET"** to:

Naval Medical Logistics Command
ATTN: Code 02 (22C)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Email Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: MC-01-04